

AUTHORIZATION FOR PAYROLL DEDUCTION

OHIO ID NUMBER
(CAKS ID)

Employee Name _____ Last _____ First _____ Middle _____ Employee ID Number _____

I hereby authorize the State of Ohio to make the following Deduction from my earnings:

New Authorization Change Cancellation Do Not Wish to Enroll

- Medical Insurance (Complete Health Care Form) Single Family
- Insurance
- Charity Pledge
- Union Deduction (No Need to Fill in Amount Below)
- Credit Union (Complete Credit Union Membership Form)
- City Income Tax
- Savings Bond (Complete US Savings Bond Card)
- Other _____

DEDUCT: % of Amount _____ Effective Date (today's date)
PAYABLE TO: DEA Deduction Code UNDEF08
Employee Signature _____

PAYROLL OFFICER	
PAYROLL NUMBER _____	WORK LOCATION _____
DATE _____	SIGNATURE _____

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State of Ohio
Department of Administrative Services
ADM 6307 Rev. 11-07
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PAYROLL OFFICER	
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